



DEPARTMENT OF INSURANCE  
STATE OF ARIZONA  
Financial Affairs Division - Compliance Section  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

**PRODUCER CONTROLLED PROPERTY AND CASUALTY INSURANCE REPORT**  
**DUE APRIL 1**

*Required to be completed and filed by each Domestic property and/or casualty insurer*

**IMPORTANT** – ENTER THE CALENDAR YEAR FOR WHICH THIS REPORT IS BEING FILED: \_\_\_\_\_

Company Name: \_\_\_\_\_ NAIC Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Instructions:** Each domestic insurer licensed to transact property or casualty insurance **is required to complete Section I** of this form for each producer who "controls" such insurer **OR Section II** of this form indicating that the requirements of Arizona Revised Statutes § 20-487 et seq. have been reviewed and that there is no controlling producer information to be reported.

**SECTION I - To be completed by a producer controlled property and/or casualty insurer**

Name of Controlling Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Controlling Producer Arizona License Number: \_\_\_\_\_

1. Amount of commission paid to Controlling Producer: \$ \_\_\_\_\_

2. Percentage such amount represents of net premium written: \_\_\_\_\_ %

3. Comparable amounts and percentages paid to non-controlling producers for placement of the same kinds of insurance:  
*Attach a list if more space needed.*

Arizona License Number: _____	Commission paid: \$ _____	Percentage: _____ %
Arizona License Number: _____	Commission paid: \$ _____	Percentage: _____ %
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4. Pursuant to A.R.S. § 20-487.02(C), attach the opinion of an independent casualty actuary or other independent loss reserve specialist who is acceptable to the Director, that reports loss ratios for each line of business written and attests to the adequacy of loss reserves established for losses incurred and outstanding, including incurred but not reported, as of the year end on business placed by the producer.

\_\_\_\_\_  
**Type or Print Preparer's Name and Title**

\_\_\_\_\_  
**Preparer's Signature**

\_\_\_\_\_  
**E-MAIL Address:**

\_\_\_\_\_  
**Phone:**

**SECTION II - To be completed by a property and/or casualty insurer that is NOT producer controlled**

**It is hereby certified** that the Reporting Insurer named above is not issuing any property or casualty insurance coverage that are, or may be, reportable in accordance with A.R.S. § 20-487 et seq.

\_\_\_\_\_  
**Authorized Signature for Certification**

\_\_\_\_\_  
**Type or Print Authorized Signer's Name and Title**